

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

ADDRESS (number and street)

214 South Bronough Street

☐Check if different
than previously
reported. (ACC)

Tallahassee

FL

32302

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005561

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

1 1

0 2

2 0 1 0

in the
State of

FL

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Alma Gonzalez

Signature of Treasurer

Electronically Filed by Alma Gonzalez

Date

0 9

2 2

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Transfers received from the DNC, DCCC, DSCC and candidate committees, not including ASDC/Dollars for Democrats and DNC Victory Fund, were not for joint fundraising. None of the transfer in money received from the DNC or DCCC was used in the payments made for exempt activities. None of the expenses listed on Line 21b were public communications or FEA activities. The payments listed on H4, including all consulting fees, were administrative/committee fundraising expenses and not FEA nor in connection with a federal election. Payroll and all related expenses reported on Schedule H4 were for staff that did not spend more than 25% of their time on FEA or in connection with a federal election-
.....

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 1 0

To:

M M
1 0D D
1 3Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		762421.56
(b) Cash on Hand at Beginning of Reporting Period	1350475.15	
(c) Total Receipts (from Line 19)	385679.40	4565655.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1736154.55	5328076.83
7. Total Disbursements (from Line 31)	571594.41	4163516.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1164560.14	1164560.14
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	18541.50	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	69355.00	1143036.24
(ii) Unitemized	2723.00	61015.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	72078.00	1204051.63
(b) Political Party Committees	14144.30	578895.57
(c) Other Political Committees (such as PACs)	23978.82	149780.82
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	110201.12	1932728.02
12. Transfers From Affiliated/Other Party Committees	252435.00	1883043.18
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	93.28	40041.17
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	890.08
17. Other Federal Receipts (Dividends, Interest, etc.)	22950.00	84321.86
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	624630.96
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	624630.96
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	385679.40	4565655.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	385679.40	3941024.31

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	6038.82	226653.65	
(ii) Non-Federal Share.....	22717.53	945093.62	
(b) Other Federal Operating Expenditures.....	360988.27	1881754.19	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	389744.62	3053501.46	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	6700.00	100275.63	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	2650.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2650.00	
29. Other Disbursements.....	17950.00	474677.88	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	157199.79	532411.72	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	157199.79	532411.72	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	571594.41	4163516.69	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	548876.88	3218423.07	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	110201.12	1932728.02
34. Total Contribution Refunds (from Line 28(d))	0.00	2650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	110201.12	1930078.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	367027.09	2108407.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	93.28	40041.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	366933.81	2068366.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Cesar Alvarez

Mailing Address 700 S Alhambra Cir

City

Coral Gables

State

FL

Zip Code

33146-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenberg & Trauriq

Occupation

Attorney/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920511

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Richard Boylan

Mailing Address 2950 Alton Dr

City

St Pete Beach

State

FL

Zip Code

33706-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: C4814093

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Anthony Brunson

Mailing Address 1 SE 3rd Ave
Ste 2100

City

Miami

State

FL

Zip Code

33131-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharpton, Brunson & Compa-
ny, P.A.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C4923075

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

7025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Christian Carrington

Mailing Address 44 Orchard Farm Rd

City

Port Washington

State

NY

Zip Code

11050-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Navigant Company

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4920527

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Yolanda Cash-Jackson

Mailing Address 1411 NW 50th St

City

Miami

State

FL

Zip Code

33142-4161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Becker & Poliakoff's Management

Occupation
Law Firm/Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C4952889

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Trudy Cejas

Mailing Address PO Box 191679

City

Miami Beach

State

FL

Zip Code

33119-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4924053

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

12750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Gregory Collier

Mailing Address 10297 Osprey Trce

City

West Palm Beach

State

FL

Zip Code

33412-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C4952755

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Janice Davis

Mailing Address 3462 River Oaks Ln

City

Pensacola

State

FL

Zip Code

32514-8198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Planning Associates

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C4952877

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marian De La Fuente

Mailing Address 5202 NW 112th Pl

City

Doral

State

FL

Zip Code

33178-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920496

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Steve J. deMontmollin

Mailing Address 7313 NW 47th Ct

City

Gainesville

State

FL

Zip Code

32606-3948

FEC ID number of contributing
federal political committee.

C

Name of Employer
AvMed, Inc.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C4818252

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Raysa Fanjul

Mailing Address 359 N Lake Way

City

Palm Beach

State

FL

Zip Code

33480-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4818249

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

FDP Federal

Mailing Address PO Box 59950

City

Panama City

State

FL

Zip Code

32412-0950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3554.97

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6663039

Amount of Each Receipt this Period

1172.00

SUBTOTAL of Receipts This Page (optional)

12172.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

FDP Federal

Mailing Address PO Box 59950

City

Panama City

State

FL

Zip Code

32412-0950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3554.97

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C6645061

Amount of Each Receipt this Period

4083.00

B.

Full Name (Last, First, Middle Initial)

Amy France

Mailing Address 849 14th St
Apt 4

City

Santa Monica

State

CA

Zip Code

90403-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C5655311

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Brian France

Mailing Address 849 14th St
Apt 4

City

Santa Monica

State

CA

Zip Code

90403-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brian France

Occupation
Nascar

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C4952895

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

24083.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 113

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Ann Hinkle

Mailing Address 3215 Martina Ct

City

North Fort Myers

State

FL

Zip Code

33917-7157

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

Transaction ID: C4979231

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Hal H. Kantor

Mailing Address 815 Cordova Dr

City

Orlando

State

FL

Zip Code

32804-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lowndes, Drosdick, Doster,
Kantor & ReOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: C4979243

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Susan Nernberg

Mailing Address 1340 Bennington Ave

City

Pittsburgh

State

PA

Zip Code

15217-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	0

Transaction ID: C4920523

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Gary Palmer

Mailing Address 115 NE 12th Ave

City

Fort Lauderdale

State

FL

Zip Code

33301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Information Serv-
ices

Occupation

Senior Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C4952753

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gary Palmer

Mailing Address 115 NE 12th Ave

City

Fort Lauderdale

State

FL

Zip Code

33301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Information Serv-
ices

Occupation

Senior Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4954377

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Jorge Quintero

Mailing Address 508 NW 28th Ct

City

Wilton Manors

State

FL

Zip Code

33311-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aquilix, Inc

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4979230

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Randall Rentfro

Mailing Address 3056 S Oakland Forest Dr
Apt 2305

City State Zip Code
Oakland Park FL 33309-7507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nova Southeastern Univers-
ity

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4979240

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Janice Robinson Robinson

Mailing Address 218 Tangier Ave

City State Zip Code
Palm Beach FL 33480-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Janice Robinson Trust

Occupation
Trust Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4920521

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Crystal T. Whitescarver

Mailing Address 17001 Madres De Avila

City State Zip Code
Tampa FL 33613-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C4923065

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 113

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Lilas C. Wild

Mailing Address 405 Pine Ave

City

Altamonte Springs

State

FL

Zip Code

32701-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

Transaction ID: C4814086

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

69355.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 113

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	1	0

Transaction ID: C4958358

Amount of Each Receipt this Period

10714.61

* In-Kind: Telephone Calls

B.Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	0

Transaction ID: C4924224

Amount of Each Receipt this Period

60.55

* In-Kind: Web Media

C.Full Name (Last, First, Middle Initial)
Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1518639.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Transaction ID: C4958364

Amount of Each Receipt this Period

3220.00

* In-Kind: Voter File Access

SUBTOTAL of Receipts This Page (optional)

13995.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 113

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing
federal political committee.

C

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1518639.08

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4958394

Amount of Each Receipt this Period

149.14

* In-Kind: Utilities

SUBTOTAL of Receipts This Page (optional)

149.14

TOTAL This Period (last page this line number only)

14144.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 113

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

AMALGAMATED TRANSIT UNION - COPE

Mailing Address 5025 WISCONSIN AVENUE N.W.

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

C00032995

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: C4804635

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

--

City

Washington

State

DC

Zip Code

20003-4009

FEC ID number of contributing
federal political committee.

C

C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.82

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C5014499

Amount of Each Receipt this Period

409.00

* In-Kind: Travel

C.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

--

City

Washington

State

DC

Zip Code

20003-4009

FEC ID number of contributing
federal political committee.

C

C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.82

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C5038146

Amount of Each Receipt this Period

981.73

* In-Kind: Travel

SUBTOTAL of Receipts This Page (optional)

6390.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 113

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

City

Washington

State

DC

Zip Code

20003-4009

FEC ID number of contributing
federal political committee.

C

C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4924222

Amount of Each Receipt this Period

193.09

* In-Kind: Travel Expense

B.

Full Name (Last, First, Middle Initial)

BGR PAC

Mailing Address 601 13th St NW

City

Washington

State

DC

Zip Code

20005-3807

FEC ID number of contributing
federal political committee.

C

c00359588

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4921126

Amount of Each Receipt this Period

395.00

* In-Kind: Food & Beverage

C.

Full Name (Last, First, Middle Initial)

CIGNA CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 174 WATERFRONT STREET
SUITE 500

City

NATIONAL HARBOR

State

MD

Zip Code

20745

FEC ID number of contributing
federal political committee.

C

C00085316

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4818882

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5588.09

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 113

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Don Payne for Congress

Mailing Address PO Box 2406

City

Newark

State

NJ

Zip Code

07114-0406

FEC ID number of contributing
federal political committee.**C**

C00225045

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C4920509

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 607 14th St NW
Ste 800

City

Washington

State

DC

Zip Code

20005-2005

FEC ID number of contributing
federal political committee.**C**

C00409730

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C4920500

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 607 14th St NW
Ste 800

City

Washington

State

DC

Zip Code

20005-2005

FEC ID number of contributing
federal political committee.**C**

C00409730

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C4920502

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 113

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 607 14th St NW
Ste 800

City State Zip Code
Washington DC 20005-2005

FEC ID number of contributing
federal political committee.

C C00409730

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920504

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

The GEO Group, INC. -Political Contribution Account

Mailing Address ONE PARK PLACE, SUITE 700
621 NORTHWEST 53RD STREET

City State Zip Code
BOCA RATON FL 33487

FEC ID number of contributing
federal political committee.

C C00382150

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4818247

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

23978.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 113

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4814531

Amount of Each Receipt this Period

40000.00

B.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4814533

Amount of Each Receipt this Period

50000.00

C.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4924590

Amount of Each Receipt this Period

57511.00

SUBTOTAL of Receipts This Page (optional)

147511.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 113

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing
federal political committee.

C

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1518639.08

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4924089

Amount of Each Receipt this Period

4924.00

B.

Full Name (Last, First, Middle Initial)

Democratic Party of New Mexico

Mailing Address 3200 Monte Vista Blvd NE

City

Albuquerque

State

NM

Zip Code

87106-2120

FEC ID number of contributing
federal political committee.

C

C00161810

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4962880

Amount of Each Receipt this Period

100000.00

SUBTOTAL of Receipts This Page (optional)

104924.00

TOTAL This Period (last page this line number only)

252435.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 113

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Elizabeth B Castor

Mailing Address 1298 Millstream Rd
Unit 1506

City State Zip Code
Tallahassee FL 32312-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: C4979267

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Guillermo Cuevas

Mailing Address 13124 E Gold Dust Ave

City State Zip Code
Scottsdale AZ 85259-5338

FEC ID number of contributing
federal political committee.

C

Name of Employer
T and G Consulting, LLC.

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: C4923125

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)

Evan Fetterman

Mailing Address 648 US Highway 1

City State Zip Code
North Palm Beach FL 33408-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fetterman & Assoc., P.A.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4923115

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 113

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Florida CUPAC - Corporate Account

Mailing Address PO Box 3108

City

Tallahassee

State

FL

Zip Code

32315-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4814594

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

I.B.E.W. Educational Committee

Mailing Address 1125 15th St NW

City

Washington

State

DC

Zip Code

20005-2721

FEC ID number of contributing
federal political committee.

C

C00162818

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C4923069

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Michael Liggio

Mailing Address 1615 Forum Pl
ste 3-B

City

West Palm Beach

State

FL

Zip Code

33401-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liggio Benrubi & Williams
PA

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C4923087

Amount of Each Receipt this Period

10500.00

SUBTOTAL of Receipts This Page (optional)

15500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 113

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Andrew Tobias

Mailing Address 787 NE 71st St

NON-federal Account !!!!!

City

Miami

State

FL

Zip Code

33138-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: C4923124

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jovan A. Zepcevski

Mailing Address 7802 Jean Blvd

City

Fort Myers

State

FL

Zip Code

33967-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zep Construction Inc

Occupation

Bridge Marine Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4923101

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

22950.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

241 Car Services, Inc.

Mailing Address 5012 W Cypress St

City
Tampa

State
FL

Zip Code
33607-3804

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329162

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

180.00

B.

Full Name (Last, First, Middle Initial)

American Express Merchant Services

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D334048

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

420.88

C.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

City
Washington

State
DC

Zip Code
20003-4009

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D341276

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

409.00

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

1009.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

--

City

Washington

State

DC

Zip Code

20003-4009

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: D342920

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

981.73

* In-Kind Received

B.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

--

City

Washington

State

DC

Zip Code

20003-4009

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: D331185

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

193.09

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)

Scott Arceneaux

Mailing Address 1544 Lorimier Rd

City

Jacksonville

State

FL

Zip Code

32207-4240

Purpose of Disbursement

Travel/Meals

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: D329847

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

1294.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Avis Rent A Car - Corporate	Transaction ID: D329914 Date of Disbursement																				
Mailing Address 6 Sylvan Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Parsippany State NJ Zip Code 07054-3826	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">110.65</td> </tr> </table>	110.65																			
110.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BGR PAC	Transaction ID: D329868 Date of Disbursement																				
Mailing Address 601 13th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	1	0												
City Washington State DC Zip Code 20005-3807	Amount of Each Disbursement this Period																				
Purpose of Disbursement Food & Beverage Candidate Name	<table border="1"> <tr> <td colspan="10">395.00</td> </tr> </table>	395.00																			
395.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida	Transaction ID: D329171 Date of Disbursement																				
Mailing Address PO Box 2210	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Jacksonville State FL Zip Code 32203-2210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Benefits Candidate Name	<table border="1"> <tr> <td colspan="10">10450.16</td> </tr> </table>	10450.16																			
10450.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10955.81

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Florida

Mailing Address PO Box 2210

City Jacksonville State FL Zip Code 32203-2210

Purpose of Disbursement
Benefits

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329164

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	0

Amount of Each Disbursement this Period

9086.24

B. Full Name (Last, First, Middle Initial)
Brighthouse NetworksMailing Address PO Box 31337
10305 NW 41st St., Ste 201

City Tampa State FL Zip Code 33631-3337

Purpose of Disbursement
Admin Internet

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329165

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Amount of Each Disbursement this Period

281.74

C. Full Name (Last, First, Middle Initial)
Brilliant CornersMailing Address 1001 G St NW
Ste 500E

City Washington State DC Zip Code 20001-4541

Purpose of Disbursement
Consulting/Political

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D331088

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)

15367.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Bureau of Child Support	Transaction ID: D331089 Date of Disbursement																				
Mailing Address PO Box 247	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Charleston State WV Zip Code 25321-0247	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Expense Candidate Name	<table border="1"> <tr> <td colspan="10">278.45</td> </tr> </table>	278.45																			
278.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364870 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364871 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

333.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364872 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364873 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364875 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364876 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">4800.00</td> </tr> </table>	4800.00																			
4800.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364877 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D365904 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">6.00</td> </tr> </table>	6.00																			
6.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4926.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Celltronix

Mailing Address 1718 S Orange Blossom Trl

City Apopka State FL Zip Code 32703-7745

Purpose of Disbursement

Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329923

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Checkmate Consulting

Mailing Address 3509 Connecticut Ave NW
1075

City Washington State DC Zip Code 20008-2400

Purpose of Disbursement

Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329169

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

52288.98

C.

Full Name (Last, First, Middle Initial)

CIGNA CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 174 WATERFRONT STREET
SUITE 500

City NATIONAL HARBOR State MD Zip Code 20745

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331194

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

57493.98

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Crowne Plaza Hotel Corporation

Mailing Address PO Box 30321

City
Salt Lake City

State
UT

Zip Code
84130-0321

Purpose of Disbursement
Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D364868

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

174.36

B.

Full Name (Last, First, Middle Initial)

Crowne Plaza Hotel Corporation

Mailing Address PO Box 30321

City
Salt Lake City

State
UT

Zip Code
84130-0321

Purpose of Disbursement
Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D364869

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

174.36

C.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City
Washington

State
DC

Zip Code
20003-4024

Purpose of Disbursement
Telephone Calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333015

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

10714.61

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

11063.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City
Washington

State
DC

Zip Code
20003-4024

Purpose of Disbursement
Web Media

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D331186

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

60.55

* In-Kind Received

B.

Full Name (Last, First, Middle Initial)

Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City
Washington

State
DC

Zip Code
20003-4024

Purpose of Disbursement
Voter File Access

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333016

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

3220.00

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)

Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City
Washington

State
DC

Zip Code
20003-4024

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333028

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

149.14

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

3429.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Diplomat Properties, L.P.

Mailing Address 1995 E Hallandale Beach Blvd
FL 2

City Hallandale Beach State FL Zip Code 33009-4649

Purpose of Disbursement
Site Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329057

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

22911.94

B.

Full Name (Last, First, Middle Initial)

Elavon Merchant Services

Mailing Address 1 Concourse Pkwy NE
Ste 300

City Atlanta State GA Zip Code 30328-5346

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333669

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

34.87

C.

Full Name (Last, First, Middle Initial)

Elavon Merchant Services

Mailing Address 1 Concourse Pkwy NE
Ste 300

City Atlanta State GA Zip Code 30328-5346

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333670

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1576.21

SUBTOTAL of Disbursements This Page (optional)

24523.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Elavon Merchant Services

Mailing Address 1 Concourse Pkwy NE
Ste 300

City Atlanta State GA Zip Code 30328-5346

Purpose of Disbursement

Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D364867

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

3524.68

B.

Full Name (Last, First, Middle Initial)

Everest National Insurance Company

Mailing Address PO Box 917807

City Orlando State FL Zip Code 32891-7807

Purpose of Disbursement

Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D328835

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

516.25

C.

Full Name (Last, First, Middle Initial)

Everest National Insurance Company

Mailing Address PO Box 917807

City Orlando State FL Zip Code 32891-7807

Purpose of Disbursement

Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D328837

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

361.54

SUBTOTAL of Disbursements This Page (optional)

4402.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Florida Department of Revenue

Mailing Address 5050 W Tennessee St

City
Tallahassee

State
FL

Zip Code
32399-6586

Purpose of Disbursement

Sales Tax

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329924

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

26.25

B.

Full Name (Last, First, Middle Initial)

Hilton Hotels Corporate

Mailing Address 7930 Jones Branch Dr
Ste 100

City
Mc Lean

State
VA

Zip Code
22102-3389

Purpose of Disbursement

Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D334324

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

288.46

C.

Full Name (Last, First, Middle Initial)

Image Plus Graphics, Inc.

Mailing Address 1440 NE 31st Street

City
North Miami Beach

State
FL

Zip Code
33160

Purpose of Disbursement

Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D338432

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

1169.84

SUBTOTAL of Disbursements This Page (optional)

1484.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.	Transaction ID: D326035 Date of Disbursement
Mailing Address 1440 NE 31st Street	<div> <div>10</div> <div>06</div> <div>2010</div> </div>
City North Miami Beach State FL Zip Code 33160	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail	<div>657.30</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.	Transaction ID: D328907 Date of Disbursement
Mailing Address 1440 NE 31st Street	<div> <div>10</div> <div>06</div> <div>2010</div> </div>
City North Miami Beach State FL Zip Code 33160	Amount of Each Disbursement this Period
Purpose of Disbursement Handouts	<div>13584.96</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.	Transaction ID: D364879 Date of Disbursement
Mailing Address 1440 NE 31st Street	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City North Miami Beach State FL Zip Code 33160	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail	<div>1169.84</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

15412.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Intuit Software

Mailing Address 2632 Marine Way

City
Mountain View

State
CA

Zip Code
94043-1126

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333954

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

56.95

B.

Full Name (Last, First, Middle Initial)

Kester Brothers Reality

Mailing Address 615 E Atlantic Blvd

City
Pompano Beach

State
FL

Zip Code
33060-6343

Purpose of Disbursement
Admin Lease/Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329170

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Mission Control

Mailing Address 114 Mansfield Hollow Rd
A

City
Mansfield Center

State
CT

Zip Code
06250-1316

Purpose of Disbursement
Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D331210

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

164014.00

SUBTOTAL of Disbursements This Page (optional)

165270.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Nesbitt Research</p> <p>Mailing Address 2120 L St NW Ste 305</p> <p>City Washington State DC Zip Code 20037-1563</p> <p>Purpose of Disbursement Consulting/Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329161</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) New Partners Consulting, Inc.</p> <p>Mailing Address 401 9th St NW Ste 725</p> <p>City Washington State DC Zip Code 20004-2176</p> <p>Purpose of Disbursement Consulting/Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329160</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 20383.19</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329921</p> <p>Date of Disbursement 10 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 655.93</p>

SUBTOTAL of Disbursements This Page (optional)

23539.12

TOTAL This Period (last page this line number only)

B. Form/Schedule : **SB21B**
Transaction ID : **D329160**

Payments made to New Partners Consulting for Consulting/Fundraising were made on behalf of the Party and were for no specific federal candidates.

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Office of the US Trade Representative

Mailing Address 250 Murray Ln SW

City Washington State DC Zip Code 20509-0001

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329166

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

224.85

B. Full Name (Last, First, Middle Initial)
Payroll Matters

Mailing Address 2069 N Monroe St

City Tallahassee State FL Zip Code 32303-4727

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334037

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

460.58

C. Full Name (Last, First, Middle Initial)
Payroll Matters

Mailing Address 2069 N Monroe St

City Tallahassee State FL Zip Code 32303-4727

Purpose of Disbursement

Payroll Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334038

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

7.25

SUBTOTAL of Disbursements This Page (optional)

692.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Joseph J Pierce

Mailing Address 2656 S Scenic Hwy

City
Lake Wales

State
FL

Zip Code
33898-7409

Purpose of Disbursement

Phone Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D325068

Date of Disbursement

10 / 02 / 2010

Amount of Each Disbursement this Period

65.00

B.

Full Name (Last, First, Middle Initial)

Principal Financial Group

Mailing Address PO Box 14416
Dept. 900

City
Des Moines

State
IA

Zip Code
50306-3416

Purpose of Disbursement

Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329159

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

558.18

C.

Full Name (Last, First, Middle Initial)

Principal Financial Group

Mailing Address PO Box 14416
Dept. 900

City
Des Moines

State
IA

Zip Code
50306-3416

Purpose of Disbursement

Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329172

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

349.66

SUBTOTAL of Disbursements This Page (optional)

972.84

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Royal Performance Group

Mailing Address 2100 Western Ave
Ste 80

City Lisle State IL Zip Code 60532-1971

Purpose of Disbursement
Shipping

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D364349

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

26.50

B.

Full Name (Last, First, Middle Initial)

Marian Sanders

Mailing Address 3755 Dairy Rd

City Titusville State FL Zip Code 32796-4210

Purpose of Disbursement
Admin Lease/Rent

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329168

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Amount of Each Disbursement this Period

460.04

C.

Full Name (Last, First, Middle Initial)

Mildred O. Smith

Mailing Address 3550 Esplanade Way
Apt 8107

City Tallahassee State FL Zip Code 32311-3755

Purpose of Disbursement
Travel/Meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330011

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	1	0

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1986.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) SpringHill Suites - Marriot	Transaction ID: D334322 Date of Disbursement																				
Mailing Address 4835 W Cypress St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	1	0												
City Tampa State FL Zip Code 33607-4716	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel/Lodging Candidate Name	<table border="1"> <tr> <td colspan="10">103.04</td> </tr> </table>	103.04																			
103.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) State of Florida Disbursement Unit	Transaction ID: D331114 Date of Disbursement																				
Mailing Address PO Box 8500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Tallahassee State FL Zip Code 32314-8500	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Expense Candidate Name	<table border="1"> <tr> <td colspan="10">252.73</td> </tr> </table>	252.73																			
252.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ashley Walker	Transaction ID: D329163 Date of Disbursement																				
Mailing Address 1007 N Federal Hwy 1010 Seminole Dr., #1001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Ft Lauderdale State FL Zip Code 33304-1422	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">2046.00</td> </tr> </table>	2046.00																			
2046.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2401.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) WRI-TC	Transaction ID: D329167 Date of Disbursement																				
Mailing Address 2720 E Colonial Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Orlando State FL Zip Code 32803-5025	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Lease/Rent Candidate Name	<table border="1"> <tr> <td colspan="10">1076.67</td> </tr> </table>	1076.67																			
1076.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Christopher Turner	Transaction ID: D329174 Date of Disbursement																				
Mailing Address 2626 E Park Ave Apt 6104	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Tallahassee State FL Zip Code 32301-0816	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">51.73</td> </tr> </table>	51.73																			
51.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hardee's Corporation	Transaction ID: D329175 Date of Disbursement																				
Mailing Address 9210 Baymeadows Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Jacksonville State FL Zip Code 32256-7708	Amount of Each Disbursement this Period																				
Purpose of Disbursement Breakfast Meeting Candidate Name	<table border="1"> <tr> <td colspan="10">51.73</td> </tr> </table>	51.73																			
51.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1128.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City Tallahassee State FL Zip Code 32317-9409

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329177

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

60.87

B.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City Tallahassee State FL Zip Code 32317-9409

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329178

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

60.87

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Kevin Chambliss

Mailing Address 746 N Annie Glidden Rd
Apt 404

City Dekalb State IL Zip Code 60115-2130

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329179

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

210.87

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
HoustonState
TXZip Code
77252-2463Purpose of Disbursement
Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329180

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

John Estes

Mailing Address 9884 SW 26th Ter

City
MiamiState
FLZip Code
33165-2627Purpose of Disbursement
Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329181

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

121.73

C.

Full Name (Last, First, Middle Initial)

Roque Coral Way

Mailing Address SW 93rd Street

City
MiamiState
FLZip Code
33137Purpose of Disbursement
Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329182

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

121.73

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

121.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Sabrina Diz

Mailing Address 142 SE 9th Ct

City
Hialeah

State
FL

Zip Code
33010-5531

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329183

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

305.02

B.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329185

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

264.52

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St

City
Tallahassee

State
FL

Zip Code
32399-3601

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329184

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

40.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

305.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Gaston Araoz</p> <hr/> <p>Mailing Address 1505 Crystal Dr Apt 504</p> <hr/> <p>City Arlington State VA Zip Code 22202-4117</p> <hr/> <p>Purpose of Disbursement Reimbursement</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329186</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>83.31</div> </p> <hr/> <p>Category/Type <div></div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Florida's Turnpike</p> <hr/> <p>Mailing Address Turnpike Mile Post 263 Bldg. 5315</p> <hr/> <p>City Ocoee State FL Zip Code 34761</p> <hr/> <p>Purpose of Disbursement Auto Travel</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329188</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>2.25</div> </p> <hr/> <p>Category/Type <div></div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <hr/> <p>Mailing Address PO Box 2463</p> <hr/> <p>City Houston State TX Zip Code 77252-2463</p> <hr/> <p>Purpose of Disbursement Auto Travel</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329187</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>81.06</div> </p> <hr/> <p>Category/Type <div></div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

83.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Christopher Turner

Mailing Address 2626 E Park Ave
Apt 6104

City Tallahassee State FL Zip Code 32301-0816

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329189

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

185.00

B.

Full Name (Last, First, Middle Initial)

Kangaroo express

Mailing Address 861 E State Road 44

City Wildwood State FL Zip Code 34785-8406

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329190

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement

Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329191

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

110.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Matthew Wilson	Transaction ID: D329192 Date of Disbursement																				
Mailing Address 5760 Braveheart Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Tallahassee State FL Zip Code 32317-9409	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">128.38</td> </tr> </table>	128.38																			
128.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Matthew Wilson	Transaction ID: D329193 Date of Disbursement																				
Mailing Address 5760 Braveheart Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Tallahassee State FL Zip Code 32317-9409	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">128.38</td> </tr> </table>	128.38																			
128.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ray Charles Jones	Transaction ID: D329194 Date of Disbursement																				
Mailing Address 2121 W Tennessee St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Tallahassee State FL Zip Code 32304-3118	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">17.18</td> </tr> </table>	17.18																			
17.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

145.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Ray Charles Jones

Mailing Address 2121 W Tennessee St

City Tallahassee State FL Zip Code 32304-3118

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329195

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

17.18

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Emily McIlveene

Mailing Address 148 Meadow Brook Dr

City Rock Spring State GA Zip Code 30739-2341

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329196

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

168.18

C.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City Ocoee State FL Zip Code 34761

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329197

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

168.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329198

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

166.18

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Justin Shoham

Mailing Address 28 Lark Pl

City
Old Bridge

State
NJ

Zip Code
08857-3062

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329199

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

229.40

C.

Full Name (Last, First, Middle Initial)

Citgo - Corporate

Mailing Address 1293 Eldridge Pkwy

City
Houston

State
TX

Zip Code
77077-1670

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329200

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

229.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

229.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Andrea D Huerfano

Mailing Address 2949 Riverside Dr
Apt 227

City State Zip Code
Coral Springs FL 33065-1017

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329201

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

189.70

B.

Full Name (Last, First, Middle Initial)

Chevron

Mailing Address 501 El Camino Real

City State Zip Code
Millbrae CA 94030-2030

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329202

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

151.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St

City State Zip Code
Tallahassee FL 32399-3601

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329203

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

38.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

189.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Hector Martinez

Mailing Address 11100 SW 46th St

City
Miami

State
FL

Zip Code
33165-4735

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329204

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

158.50

B.

Full Name (Last, First, Middle Initial)

Mobil Gas

Mailing Address 4705 W Lake Mary Blvd

City
Lake Mary

State
FL

Zip Code
32746-4305

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329205

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

158.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Maria Quezada

Mailing Address 322 E Mayfield Blvd

City
San Antonio

State
TX

Zip Code
78214-2448

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329206

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

182.05

SUBTOTAL of Disbursements This Page (optional)

340.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Chevron

Mailing Address 501 El Camino Real

City Millbrae State CA Zip Code 94030-2030

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329207

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

182.05

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Edgar Mendez

Mailing Address 14936 SW 15th Ln

City Miami State FL Zip Code 33194-2534

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329208

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-2596

Purpose of Disbursement
Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329209

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Ricardo Junquera

Mailing Address 10041 SW 48th St

City
Miami

State
FL

Zip Code
33165-6379

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329210

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

311.66

B.

Full Name (Last, First, Middle Initial)

Citgo - Corporate

Mailing Address 1293 Eldridge Pkwy

City
Houston

State
TX

Zip Code
77077-1670

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329211

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

184.66

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address 6450 Sprint Pkwy

City
Overland Park

State
KS

Zip Code
66251-6105

Purpose of Disbursement
Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329212

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

311.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Sunpass	Transaction ID: D329213 Date of Disbursement
Mailing Address 605 Suwannee St	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32399-3601	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel Candidate Name	<div>27.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
B. Full Name (Last, First, Middle Initial) Denise Rodriguez	Transaction ID: D329214 Date of Disbursement
Mailing Address 12514 Wandering Brook Dr	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Charlotte State NC Zip Code 28273-6974	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div>86.06</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
C. Full Name (Last, First, Middle Initial) Florida's Turnpike	Transaction ID: D329217 Date of Disbursement
Mailing Address Turnpike Mile Post 263 Bldg. 5315	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Ocoee State FL Zip Code 34761	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel Candidate Name	<div>2.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>

SUBTOTAL of Disbursements This Page (optional)

86.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329216

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

84.06

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Tarin Nix

Mailing Address 2704 French Pl
Apt G

City
Austin

State
TX

Zip Code
78722-2330

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329218

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

319.68

C.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329219

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

247.03

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

319.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Sunpass	Transaction ID: D329220 Date of Disbursement																				
Mailing Address 605 Suwannee St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Tallahassee State FL Zip Code 32399-3601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">72.65</td> </tr> </table>	72.65																			
72.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Lucas P Barks	Transaction ID: D329222 Date of Disbursement																				
Mailing Address 71 Gray Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Gorham State ME Zip Code 04038-1110	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">198.66</td> </tr> </table>	198.66																			
198.66																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) RaceTrac Petroleum Incorporated	Transaction ID: D329223 Date of Disbursement																				
Mailing Address 3535 W Silver Springs Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Ocala State FL Zip Code 34475-5641	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">158.66</td> </tr> </table>	158.66																			
158.66																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

198.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunpass</p> <p>Mailing Address 605 Suwannee St</p> <p>City Tallahassee State FL Zip Code 32399-3601</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329224</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>40.00</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Matthew Coppens</p> <p>Mailing Address 2830 4th St NW Apt 5</p> <p>City Naples State FL Zip Code 34120-1394</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329225</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>510.02</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 538695</p> <p>City Atlanta State GA Zip Code 30353-8695</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329227</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>80.12</div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

510.02

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Chevron

Mailing Address 501 El Camino Real

City	State	Zip Code
Millbrae	CA	94030-2030

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329226

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

429.90

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Nicholas Pellito

Mailing Address 445 Appleyard Dr
Apt A2-5

City	State	Zip Code
Tallahassee	FL	32304-2868

Purpose of Disbursement

Staff Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329229

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	1	0

Amount of Each Disbursement this Period

578.38

C.

Full Name (Last, First, Middle Initial)

The Westin Diplomat Resort & Spa

Mailing Address 3555 S Ocean Dr

City	State	Zip Code
Hollywood	FL	33019-2827

Purpose of Disbursement

Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329231

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	1	0

Amount of Each Disbursement this Period

422.92

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

578.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

WalMart Stores, Inc.

Mailing Address 702 SW 8th St

City
Bentonville

State
AR

Zip Code
72716-6209

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329232

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

155.46

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mildred O. Smith

Mailing Address 3550 Esplanade Way
Apt 8107

City
Tallahassee

State
FL

Zip Code
32311-3755

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329834

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

296.87

C.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City
Ocoee

State
FL

Zip Code
34761

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329841

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

41.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

296.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329837

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

255.17

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Eric Jotkoff

Mailing Address 2806 W Wallace Ave

City
Tampa

State
FL

Zip Code
33611-4537

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329843

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

673.42

C.

Full Name (Last, First, Middle Initial)

Eric Jotkoff

Mailing Address 2806 W Wallace Ave

City
Tampa

State
FL

Zip Code
33611-4537

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329844

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

255.36

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

673.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Orbitz	Transaction ID: D329846 Date of Disbursement																				
Mailing Address 200 S Wacker Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Chicago State IL Zip Code 60606-5829	Amount of Each Disbursement this Period																				
Purpose of Disbursement Air Travel	<table border="1"> <tr> <td colspan="10">290.40</td> </tr> </table>	290.40																			
290.40																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa	Transaction ID: D329845 Date of Disbursement																				
Mailing Address 3555 S Ocean Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel/Lodging	<table border="1"> <tr> <td colspan="10">127.66</td> </tr> </table>	127.66																			
127.66																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) Stephen Carville	Transaction ID: D329848 Date of Disbursement																				
Mailing Address 2401 W Morrison Ave 6610 Burden Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Tampa State FL Zip Code 33629-4756	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement	<table border="1"> <tr> <td colspan="10">67.39</td> </tr> </table>	67.39																			
67.39																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

67.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Stephen Carville

Mailing Address 2401 W Morrison Ave
6610 Burden Ln

City Tampa State FL Zip Code 33629-4756

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329849

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

67.39

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Conor Davis

Mailing Address 116 7th Ave N

City Saint Petersburg State FL Zip Code 33701-2516

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329850

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

40.41

C.

Full Name (Last, First, Middle Initial)

Sweetbay Supermarket

Mailing Address 3801 Sugar Palm Dr

City Tampa State FL Zip Code 33619-8301

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329852

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

6.41

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

40.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address 2825 Lone Oak Pkwy
Accounting Service Center

City Eagan State MN Zip Code 55121-1551

Purpose of Disbursement

Admin Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329851

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

David Browne

Mailing Address 417 S Paloma Pl

City Tampa State FL Zip Code 33609-3711

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329853

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

13.65

C.

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address 2825 Lone Oak Pkwy
Accounting Service Center

City Eagan State MN Zip Code 55121-1551

Purpose of Disbursement

Admin Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329854

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

13.65

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

13.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Mike Stroyan

Mailing Address 7941 Georgian Bay Cir

City
Fort Myers

State
FL

Zip Code
33912-5655

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329855

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

61.84

B.

Full Name (Last, First, Middle Initial)

Sweetbay Supermarket

Mailing Address 3801 Sugar Palm Dr

City
Tampa

State
FL

Zip Code
33619-8301

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329856

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

61.84

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Steven Phillips-Horst

Mailing Address 289 Harman St
Apt 2L

City
Brooklyn

State
NY

Zip Code
11237-4946

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329857

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

32.65

SUBTOTAL of Disbursements This Page (optional)

94.49

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

The Westin Diplomat Resort & Spa

Mailing Address 3555 S Ocean Dr

City
Hollywood

State
FL

Zip Code
33019-2827

Purpose of Disbursement
Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329861

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

350.07

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Anthony Nagatani

Mailing Address 1300 Elizabeth Ave
Apt 15

City
Las Vegas

State
NV

Zip Code
89119-6449

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330042

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

148.90

C.

Full Name (Last, First, Middle Initial)

Continental Airlines

Mailing Address PO Box 4607

City
Houston

State
TX

Zip Code
77210-4607

Purpose of Disbursement
Air Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330043

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

148.90

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

148.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Conor Davis

Mailing Address 116 7th Ave N

City
Saint Petersburg

State
FL

Zip Code
33701-2516

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330044

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

254.35

B.

Full Name (Last, First, Middle Initial)

Sweetbay Supermarket

Mailing Address 3801 Sugar Palm Dr

City
Tampa

State
FL

Zip Code
33619-8301

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330046

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

254.35

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Natalie Rojas

Mailing Address 1702 14th Street

City
Tampa

State
FL

Zip Code
33605

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330049

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

59.33

SUBTOTAL of Disbursements This Page (optional)

313.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Home Depot	Transaction ID: D330050 Date of Disbursement
Mailing Address 3200 Capital Cir NE	<div> <div>10</div> <div>11</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32308-3708	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Office Supplies Candidate Name	<div>59.33</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>[MEMO ITEM]</div>
B. Full Name (Last, First, Middle Initial) Eric Jotkoff	Transaction ID: D330051 Date of Disbursement
Mailing Address 2806 W Wallace Ave	<div> <div>10</div> <div>11</div> <div>2010</div> </div>
City Tampa State FL Zip Code 33611-4537	Amount of Each Disbursement this Period
Purpose of Disbursement Staff Reimbursement Candidate Name	<div>2809.03</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
C. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D330052 Date of Disbursement
Mailing Address PO Box 538695	<div> <div>10</div> <div>11</div> <div>2010</div> </div>
City Atlanta State GA Zip Code 30353-8695	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Cell Phone Candidate Name	<div>2632.20</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>[MEMO ITEM]</div>

SUBTOTAL of Disbursements This Page (optional)

2809.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D330054</p> <p>Date of Disbursement <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>113.23</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Virgin Mobile</p> <p>Mailing Address 100 E Magnolia Dr</p> <p>City Tallahassee State FL Zip Code 32301-5567</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D330053</p> <p>Date of Disbursement <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>63.60</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Royal Performance Group</p> <p>Mailing Address 2100 Western Ave Ste 80</p> <p>City Lisle State IL Zip Code 60532-1971</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D331081</p> <p>Date of Disbursement <div> <div>10</div> <div>13</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3255.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

3255.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Alan Awad

Mailing Address 13612 Avalon Heights Blvd
Apt 204B

City Tampa State FL Zip Code 33613-4676

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D381866

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

225.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rishi Bagga

Mailing Address 3619 Devereaux Ct

City Orlando State FL Zip Code 32837-5463

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D364404

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

225.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jason Barnaby

Mailing Address 815 McBean Ct

City McDonough State GA Zip Code 30252-4162

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D364402

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Barbara Beavney	Transaction ID: D381868 Date of Disbursement																				
Mailing Address 1685 NW 129th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City North Miami State FL Zip Code 33167-2243	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Christopher Bolling	Transaction ID: D381873 Date of Disbursement																				
Mailing Address 214 S Bronough St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">230.00</td> </tr> </table>	230.00																			
230.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D381872 Date of Disbursement																				
Mailing Address 12 Bellevue Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Dobbs Ferry State NY Zip Code 10522-2606	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">310.00</td> </tr> </table>	310.00																			
310.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Janice Coleman

Mailing Address PO Box 243671

City
Boynton BeachState
FLZip Code
33424-3671Purpose of Disbursement
Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D381869

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Kevin Liao

Mailing Address 1304 Park Rd NW

City
WashingtonState
DCZip Code
20010-7248Purpose of Disbursement
Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D364415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Amount of Each Disbursement this Period

85.00

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

Nicholas Michalik

Mailing Address 9452 Laura Anne Dr

City
SeminoleState
FLZip Code
33776-1600Purpose of Disbursement
Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D364405

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Nicholas Michalik

Mailing Address 9452 Laura Anne Dr

City Seminole State FL Zip Code 33776-1600

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D364406

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

130.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Reuben Neff

Mailing Address 2010 E Palm Ave
Apt 14322

City Tampa State FL Zip Code 33605-3934

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D364403

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

195.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Natalie Rojas

Mailing Address 1702 14th Street

City Tampa State FL Zip Code 33605

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D381865

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 81 / 113

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Dana Singer Mailing Address 622 8th St	Transaction ID: D364408 Date of Disbursement <div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Marietta State OH Zip Code 45750-1937 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>115.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Omar Syed Mailing Address 13538 Lake Magdalene Dr City Tampa State FL Zip Code 33613-4130 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D381867 Date of Disbursement <div> <div>10</div> <div>13</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>285.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Adam Unger Mailing Address 2309 Old Bainbridge Rd # 101 C City Tallahassee State FL Zip Code 32303-3805 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D381870 Date of Disbursement <div> <div>10</div> <div>13</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>285.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Murphy USA

Mailing Address 4712 Colonial Blvd

City
Fort Myers

State
FL

Zip Code
33966-1034

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D331091

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

298.46

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Edith Robles

Mailing Address 305 Bullard St

City
Fairfield

State
CT

Zip Code
06825-3719

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D331093

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

87.70

C.

Full Name (Last, First, Middle Initial)

Spirit Airlines

Mailing Address 2800 Executive Way

City
Miramar

State
FL

Zip Code
33025-6542

Purpose of Disbursement
Air Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D331094

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

87.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

87.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Jeffrey E Branch

Mailing Address 3700 Capital Cir SE
Apt 520

City Tallahassee State FL Zip Code 32311-2706

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331095

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

155.46

B.

Full Name (Last, First, Middle Initial)

Jeffrey E Branch

Mailing Address 3700 Capital Cir SE
Apt 520

City Tallahassee State FL Zip Code 32311-2706

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331096

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

147.96

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St

City Tallahassee State FL Zip Code 32399-3601

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331097

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

7.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

155.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Hafsah Ullah	Transaction ID: D331099 Date of Disbursement
Mailing Address 11336 Bridge House Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 1 0</div> </div>
City Windermere State FL Zip Code 34786-5405	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement	<div>109.63</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: D331103 Date of Disbursement
Mailing Address PO Box 742596	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 1 0</div> </div>
City Cincinnati State OH Zip Code 45274-2596	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Cell Phone	<div>95.56</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WalMart Stores, Inc.	Transaction ID: D331104 Date of Disbursement
Mailing Address 702 SW 8th St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 1 0</div> </div>
City Bentonville State AR Zip Code 72716-6209	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Office Supplies	<div>14.07</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

109.63

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 87 / 113

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D331141 Date of Disbursement
Mailing Address PO Box 660108	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Dallas State TX Zip Code 75266-0108	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Cell Phone Candidate Name	<div>120.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
B. Full Name (Last, First, Middle Initial) Jordan J Budd	Transaction ID: D331142 Date of Disbursement
Mailing Address 128 Century Dr	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Easley State SC Zip Code 29642	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div>111.56</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> </div>
C. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D331143 Date of Disbursement
Mailing Address PO Box 538695	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Atlanta State GA Zip Code 30353-8695	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Cell Phone Candidate Name	<div>111.56</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>

SUBTOTAL of Disbursements This Page (optional)

111.56

TOTAL This Period (last page this line number only)

360988.27

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 / 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Florida Democratic Party Non Federal Account	Transaction ID: D436954 Date of Disbursement																				
Mailing Address 214 S Bronough St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transfer for Non Federal Use Candidate Name	<table border="1"> <tr> <td colspan="10">10500.00</td> </tr> </table>	10500.00																			
10500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Florida Democratic Party Non Federal Account	Transaction ID: D436955 Date of Disbursement																				
Mailing Address 214 S Bronough St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transfer for Non Federal Use Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Florida Democratic Party Non Federal Account	Transaction ID: D436956 Date of Disbursement																				
Mailing Address 214 S Bronough St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transfer for Non Federal Use Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SB29**
Transaction ID : **D436954**

Online contributions dropped into the federal account - transferred to non federal.

B. Form/Schedule : **SB29**
Transaction ID : **D436955**

Online contributions dropped into the federal account - transferred to non federal.

C. Form/Schedule : **SB29**

Online contributions dropped into the federal account - transferred to non federal.

Transaction ID : **D436956**

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 / 113

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Florida Democratic Party Non Federal Account	Transaction ID: D436957 Date of Disbursement
Mailing Address 214 S Bronough St	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer for Non Federal Use Candidate Name	<div>250.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Florida Democratic Party Non Federal Account	Transaction ID: D436958 Date of Disbursement
Mailing Address 214 S Bronough St	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer for Non Federal Use Candidate Name	<div>700.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Florida Democratic Party Non Federal Account	Transaction ID: D436961 Date of Disbursement
Mailing Address 214 S Bronough St	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer for Non Federal Use Candidate Name	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

17950.00

A. Form/Schedule : **SB29**
Transaction ID : **D436957**

Online contributions dropped into the federal account - transferred to non federal.

B. Form/Schedule : **SB29**
Transaction ID : **D436958**

Online contributions dropped into the federal account - transferred for non federal use.

C. Form/Schedule : **SB29**
Transaction ID : **D436961**

Online contributions dropped into the federal account - transferred to non federal.

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 / 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Florida Department of State

Mailing Address 500 S Bronough St
R A GRAY BLDG

City Tallahassee State FL Zip Code 32399-6504

Purpose of Disbursement
Voter File

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329153

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Murphy Putnam Media, Inc.

Mailing Address 901 N Washington St
Ste 500

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Media/Meek/US Senate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D328849

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

75000.00

C.

Full Name (Last, First, Middle Initial)

Murphy Putnam Media, Inc.

Mailing Address 901 N Washington St
Ste 500

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Media/Meek/US Senate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D358937

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

75000.00

SUBTOTAL of Disbursements This Page (optional)

150010.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 / 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Murphy Putnam Media, Inc.

Mailing Address 901 N Washington St
Ste 500

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Wire return

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D427599

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Amount of Each Disbursement this Period

-75000.00

B.

Full Name (Last, First, Middle Initial)

Sophia Nelson

Mailing Address 5883 Caribbean Blvd
Apt 33407

City West Palm Beach State FL Zip Code 33407-1801

Purpose of Disbursement
Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D326040

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

Amount of Each Disbursement this Period

1192.25

C.

Full Name (Last, First, Middle Initial)

Planning Works

Mailing Address 913 Prospect Ct S

City Saint Petersburg State FL Zip Code 33701-4745

Purpose of Disbursement
Direct Mail

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D326050

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

Amount of Each Disbursement this Period

19320.00

SUBTOTAL of Disbursements This Page (optional)

-54487.75

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SB30B**
Transaction ID : **D427599**

Original Tran C6073767 - transaction corrected per FEC

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 / 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

SKD Knickerbocker

Mailing Address 1818 N St NW
Ste 450

City Washington State DC Zip Code 20036-2473

Purpose of Disbursement
Media/Garcia/Congress/25

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D328874

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

39921.80

B.

Full Name (Last, First, Middle Initial)

SKD Knickerbocker

Mailing Address 1818 N St NW
Ste 450

City Washington State DC Zip Code 20036-2473

Purpose of Disbursement
Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331139

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

21755.74

SUBTOTAL of Disbursements This Page (optional)

61677.54

TOTAL This Period (last page this line number only)

157199.79

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 98 / 113

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Production Resource Group

Nature of Debt (Purpose):
 Audio Visual/Conference

Mailing Address 1902 Cypress Lake Dr

City	State	ZIP Code
Orlando	FL	32837-8458

Outstanding Balance Beginning This Period

18541.50

Transaction ID: D119404

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18541.50

1) **SUBTOTALS** This Period This Page (optional)..... ▶

18541.50

2) **TOTALS** This Period (last page this line number only)..... ▶

18541.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

18541.50

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 100 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)

101 Rest and Mint Lounge

Mailing Address

215 W College Ave

City	State	Zip Code
Tallahassee	FL	32301-7751

Purpose of Disbursement:
Dinner MeetingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date 10 / 09 / 2010

Transaction ID: D329920

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.34		38.88		49.22

B. Full Name (Last, First, Middle Initial)

Anagram Corporation

Mailing Address

310 W Jefferson St

City	State	Zip Code
Tallahassee	FL	32301-1419

Purpose of Disbursement:
Admin Lease/RentCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date 10 / 08 / 2010

Transaction ID: D329140

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
801.41		3014.84		3816.25

C. Full Name (Last, First, Middle Initial)

Blue Cross and Blue Shield of Florida

Mailing Address

PO Box 2210

City	State	Zip Code
Jacksonville	FL	32203-2210

Purpose of Disbursement:
BenefitsCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date 10 / 04 / 2010

Transaction ID: D329146

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1285.46		4835.80		6121.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2097.21		7889.52		9986.73

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 101 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)

Blue State Digital, LLC

Mailing Address

734 15th St NW Ste 1200

 City State Zip Code
Washington DC 20005-1013
Purpose of Disbursement:
Admin WebsiteCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date MM / DD / YYYY
10 / 06 / 2010

Transaction ID: D329157

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
309.17		1163.08		1472.25

B. Full Name (Last, First, Middle Initial)

Century Link

Mailing Address

PO Box 96064

 City State Zip Code
Charlotte NC 28296-0064
Purpose of Disbursement:
Admin TelephoneCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date MM / DD / YYYY
10 / 04 / 2010

Transaction ID: D329145

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.42		471.83		597.25

C. Full Name (Last, First, Middle Initial)

Everest National Insurance Company

Mailing Address

PO Box 917807

 City State Zip Code
Orlando FL 32891-7807
Purpose of Disbursement:
BenefitsCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date MM / DD / YYYY
10 / 06 / 2010

Transaction ID: D328834

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.72		81.70		103.42

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
456.31		1716.61		2172.92

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 102 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)

Figgers Computers, Inc

Mailing Address

PO Box 14987

City	State	Zip Code
Tallahassee	FL	32317-4987

Purpose of Disbursement:
Consulting/ITCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date 10 / 07 / 2010

Transaction ID: D329152

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.17		75.88		96.05

B. Full Name (Last, First, Middle Initial)

Florida Labor Law Poster Service

Mailing Address

5859 W Saginaw Hwy 422 Elmwood Drive, #14

City	State	Zip Code
Lansing	MI	48917-2460

Purpose of Disbursement:
Admin Office SuppliesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date 10 / 06 / 2010

Transaction ID: D329155

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.02		45.23		57.25

C. Full Name (Last, First, Middle Initial)

Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
Admin InternetCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date 10 / 04 / 2010

Transaction ID: D328830

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.28		8.58		10.86

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.47		129.69		164.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 103 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
Admin Internet

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329913

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

329.15

1238.23

1567.38

B. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
Admin Internet

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D328831

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2.28

8.58

10.86

C. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
Admin Internet

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D328832

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2.28

8.58

10.86

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

333.71

1255.39

1589.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 104 / 113
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
 Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
 Admin Internet

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M
1	0

 /

D	D
1	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D331132

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.67

6.27

7.94

B. Full Name (Last, First, Middle Initial)
 Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
 Admin Internet

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M
1	0

 /

D	D
1	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D331133

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.67

6.27

7.94

C. Full Name (Last, First, Middle Initial)
 Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
 Admin Internet

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M
1	0

 /

D	D
1	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D331135

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.67

6.27

7.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.01

18.81

23.82

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 105 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Intuit Software

Mailing Address

2632 Marine Way

City	State	Zip Code
Mountain View	CA	94043-1126

 Purpose of Disbursement:
Admin Office Supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: D329919

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.34		110.38		139.72

B. Full Name (Last, First, Middle Initial)
Luke Kosar

Mailing Address

219 W Orlando St

City	State	Zip Code
Orlando	FL	32804-5427

 Purpose of Disbursement:
Travel/Lodging
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	1	0

Transaction ID: D329859

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

C. Full Name (Last, First, Middle Initial)
NGP VAN, Inc.

Mailing Address

1101 15th Street, NW Ste 500 25 I St NW

City	State	Zip Code
Washington	DC	20005-5918

 Purpose of Disbursement:
Software/Compliance
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	1	0

Transaction ID: D331115

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
449.34		1690.38		2139.72

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 106 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
One Source Supply Center

Mailing Address

5855 Green Valley Cir Ste 206

 City State Zip Code
Culver City CA 90230-6968

 Purpose of Disbursement:
Admin Office Supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

 Date M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: D329139

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
363.26		1366.57		1729.83

B. Full Name (Last, First, Middle Initial)
Osmond Johnson Janitorial Service

Mailing Address

24131 Lake Talquin Rd

 City State Zip Code
Tallahassee FL 32310-4603

 Purpose of Disbursement:
Janitorial Service
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

 Date M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: D329150

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

C. Full Name (Last, First, Middle Initial)
PAi

Mailing Address

PO Box 60

 City State Zip Code
De Pere WI 54115-0060

 Purpose of Disbursement:
Benefits
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

 Date M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: D329915

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.93		105.07		133.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
517.19		1945.64		2462.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 107 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Principal Financial Group

Mailing Address

PO Box 14416 Dept. 900

 City State Zip Code
Des Moines IA 50306-3416

 Purpose of Disbursement:
Benefits
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

 Date M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: D329142

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

104.98

394.92

499.90

B. Full Name (Last, First, Middle Initial)
Service Office Supply

Mailing Address

PO Box 15038

 City State Zip Code
Tallahassee FL 32317-5038

 Purpose of Disbursement:
Admin Office Supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

 Date M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: D329144

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

156.06

587.06

743.12

C. Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address

PO Box 742596

 City State Zip Code
Cincinnati OH 45274-2596

 Purpose of Disbursement:
Admin Cell Phone
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

 Date M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: D329147

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

24.48

92.10

116.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

285.52

1074.08

1359.60

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 108 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
U.S. Postmaster - Tampa

Mailing Address

5433 W Sligh Ave Bldg. A, Suite A

City	State	Zip Code
Tampa	FL	33634-9604

Purpose of Disbursement:
Admin ShippingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date 10 / 01 / 2010

Transaction ID: D329141

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
696.23		2619.13		3315.36

B. Full Name (Last, First, Middle Initial)
U.S. Postmaster - Tampa

Mailing Address

5433 W Sligh Ave Bldg. A, Suite A

City	State	Zip Code
Tampa	FL	33634-9604

Purpose of Disbursement:
Admin ShippingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date 10 / 13 / 2010

Transaction ID: D331192

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1089.26		4097.68		5186.94

C. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

City	State	Zip Code
Eagan	MN	55121-1551

Purpose of Disbursement:
Admin ShippingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date 10 / 04 / 2010

Transaction ID: D329916

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1789.14		6730.56		8519.70

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 109 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

City	State	Zip Code
Eagan	MN	55121-1551

Purpose of Disbursement:
Admin Shipping

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329917

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.65

13.75

17.40

B. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

City	State	Zip Code
Eagan	MN	55121-1551

Purpose of Disbursement:
Admin Shipping

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329918

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.65

13.75

17.40

C. Full Name (Last, First, Middle Initial)
UPS

Mailing Address

PO Box 72470244

City	State	Zip Code
Philadelphia	PA	19170-0001

Purpose of Disbursement:
Admin Shipping

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329143

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

13.12

49.37

62.49

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

20.42

76.87

97.29

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 110 / 113
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)

Scott Arceneaux

Mailing Address

1544 Lorimier Rd

City

State

Zip Code

Jacksonville

FL

32207-4240

Purpose of Disbursement:
Staff ReimbursementCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

Transaction ID: D331119

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

50.50

189.98

240.48

B. Full Name (Last, First, Middle Initial)

Scott Arceneaux

Mailing Address

1544 Lorimier Rd

City

State

Zip Code

Jacksonville

FL

32207-4240

Purpose of Disbursement:
Auto TravelCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977620.76

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

Transaction ID: D331120

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

50.50

189.98

240.48

[MEMO ITEM]**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

50.50

189.98

240.48

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

6038.82

22717.53

28756.35

SCHEDULE L (FEC Form 3X)

111 / 113

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SchedL1

NAME OF COMMITTEE (In Full)
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

NAME OF ACCOUNT
NF expenses

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	55000.00	85000.00
b. Unitemized.....	0.00	0.00
c. Total.....	55000.00	85000.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	55000.00	85000.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	30000.00	0.00
8. RECEIPTS..... (from Line 3)	55000.00	85000.00
9. SUBTOTAL..... (Add Lines 7 and 8)	85000.00	85000.00
10. DISBURSEMENTS..... (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	85000.00	85000.00

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 112 / 113

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. Advance America

Mailing Address 135 N Church St

City State Zip Code
Spartanburg SC 29306-5138

Name of Employer or Principal Place of Business
Advance America

Occupation
Check Cashing

Transaction ID:C4924196

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. Blue Cross and Blue Shield of Florida

Mailing Address PO Box 2210

City State Zip Code
Jacksonville FL 32203-2210

Name of Employer or Principal Place of Business
Blue Cross and Blue Shield
of Florida

Occupation
Health Insurance Company

Transaction ID:C4923042

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

C. Centene Management Company LLC

Mailing Address Centene Corporation

City State Zip Code
St Louis MO 63105

Name of Employer or Principal Place of Business
Centene Management Company
LLC

Occupation
Healthcare

Transaction ID:C4924117

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

D. Century Towers Associates

Mailing Address PO Box 1806

City State Zip Code
Hialeah FL 33011

Name of Employer or Principal Place of Business
Century Towers Associates

Occupation
Real Estate

Transaction ID:C4924182

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 113 / 113

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. Florida PCIAA CCE

Mailing Address 2600 S River Rd

City State Zip Code
Des Plaines IL 60018-3203

Name of Employer or Principal Place of Business
Florida PCIAA

Occupation
Insurance Industry CCE

Transaction ID:C4924152

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. GMRI, INC.

Mailing Address PO Box 695012

City State Zip Code
Orlando FL 32869-5012

Name of Employer or Principal Place of Business
GMRI, INC.

Occupation
Restaurant

Transaction ID:C4924690

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

55000.00